

Entered - 08-17-01 - sb
CL 01L0521 - GWENDOLYN BURNS

CLAIM OF: STATE FARM INSURANCE
as subrogee of Nicole Messina
P.O. Box 227257
Dallas, Texas 75222-7257

01-*ℓ* -1547

For vehicular damages alleged to have been sustained as a result of an automobile accident on July 15, 2001 at Piedmont Avenue & John Wesley Dobbs Avenue.

**BY PUBLIC SAFETY AND LEGAL ADMINISTRATION
COMMITTEE:**

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **STATE FARM INSURANCE as subrogee of Nicole Messina** the sum of \$2,000.00 in full settlement and satisfaction of all claims, past, present and future, of every kind and character for vehicular damages alleged to have been sustained as a result of an automobile accident on July 15, 2001 at Piedmont Avenue & John Wesley Dobbs Avenue. as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY:


ROBERT N. GODFREY
DEPUTY CITY ATTORNEY

C-11

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0521

Date: September 14, 2001

Claimant /Victim NICOLE MESSINA
BY: (Atty) (Ins. Co.) Allstate Insurance Company
Address: P. O. Box 227257, Dallas, Texas 75222-7257
Subrogation: Claim for Property damage \$ 4,610.24 Bodily Injury \$
Date of Notice: 8/15/01 Method: Written, Proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 6/15/01 Place: Piedmont Avenue & John Wesley Dobbs, Avenue
Department PUBLIC WORKS Division Solid Waste Services
Employee involved Larry Holiday Disciplinary Action: Drug Test - pending further review

NATURE OF CLAIM: Claimant's vehicle sustained damage when it was backed into by a City vehicle. The City employee was cited for "improper backing".

INVESTIGATION:

Statements: City employee Claimant Others Written Oral
Pictures Diagrams Reports: Police Dept Report X Other
Traffic citations issued: City Driver Claimant Driver
Citation disposition: City Driver Claimant Driver

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial
Improper Notice More than Six Months Other Damages reasonable X
City not involved Offer rejected Compromise settlement
Repair/replacement by Ins. Co. Repair/replacement by City Forces
Claimant Negligent City Negligent X Joint Claim Abandoned

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ 2,000.00 Adverse Account charged: 1A01 X 2J01 2H01
Claims Manager:  Concur/date 09-14-01
Committee Action: Council Action

Allstate®

RECEIVED AUG 15 2001

ALLSTATE INSURANCE COMPANY
P.O. BOX 148288
IRVING TX 75016

08/13/01

(800) 374-4246

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01L0521 - GWEN BURNS

BURNS
08/16/01
Gwen

CITY OF ATLANTA LAW DEPT
55 TRINITY AVENUE
ATLANTA GA 30335

OUR INVESTIGATION INDICATES THAT YOUR INSURED WAS RESPONSIBLE
FOR THIS LOSS.

SINCE WE HAVE ALREADY MADE A SETTLEMENT WITH OUR POLICYHOLDER,
THE CLAIM HAS BEEN ASSIGNED TO US. COPIES OF THE FINAL PAPERS
RELATING TO THE LOSS ARE ENCLOSED.

PLEASE ACCEPT THIS LETTER AS NOTICE OF OUR SUBROGATION CLAIM.
PLEASE FORWARD YOUR PAYMENT WITH OUR CLAIM NUMBER TO:

ALLSTATE PAYMENT PROCESSING CENTER
P.O. BOX 227257
DALLAS, TX, 75222-7257

DIRECT ANY OTHER CORRESPONDENCE TO THE ADDRESS AT THE TOP
OF THIS LETTER.

SINCERELY,

SUBROGATION CLAIM REP

ALLSTATE INSURANCE COMPANY

CBP:G

YOUR FILE NO. : SELF INSURED
YOUR INSURED : CITY OF ATLANTA
ADDRESS : 315 CHESTER AVENUE
ATLANTA GA 30316

OUR CLAIM NO. : 4095710945 JZM
OUR INSURED : NICOLE MESSINA
LOSS DATE : 06/15/01

LOCATION :
UNKNOWN 1

ATLANTA

GA

01-1547
AMOUNT OF LOSS: \$4,610.24